

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2252</u>	2. Fiscal Year Covered From: <u>7/1/2004</u> Through: <u>6/30/2005</u>
3. Name and address of person filing. Name <u>Shell S. Sherman</u> P.O. Box, Bldg., Room No., if any _____ Street <u>11638 Georgia Avenue</u> City <u>Boulder City</u> State <u>Nevada</u> ZIP Code + 4 <u>89005</u>	4. Name, file number, and address of labor organization. Name <u>OACMTA</u> Labor Organization File Number <u>000132</u> ? P.O. Box, Building and Room Number, if any _____ Street <u>14405 Laurel #302</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4 <u>20707</u>
5. Position in labor organization. <u>International Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N.A.</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Shell S. Sherman</u>	On <u>6-16-05</u> Date	<u>702.496-1891</u> Telephone Number

Name of Person Filing Name <u>NA</u>		a. Labor Organization b. Trust c. Employer <u>NA</u>	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State		ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: <u>NA</u> P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. 12.b. Amount	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name <u>NA</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?			

Shelley 6-16-05